



Board of Supervisors of Elections 160 Duke of Gloucester Street Annapolis, MD 21401-2517

2021 OCT 26 AM 11: 31

Elections@annapolis:gov • 410-263-7929 • Fax:410-280-1853 • TDD use:MD Relay or 711 • www.annapolis.gov

Campaign Fund Report Summary of Receipts and Disbursements

| Friends of Rock Toews | Alderman | 8 |
|--|--|---|
| Name of candidate, fund or committee as filed with the election office | Office | Ward |
| Bank information 1. Checking 2. Other | Account number On file with Elections Office On file with Elections Office On file with Elections Office | |
| Transaction period from: 10/04/2021 to | 10/24/2021 | |
| Due no later than 4:30PM on the dates specified in the Candidate | Handbook | |
| Final Report (Check if you intend to close the account.) Surplus fur | | ···- |
| Amended Report (Check if this is a filing of an amended report for | | |
| Summary of Receipts and Disbursements | • | |
| Cash balance - beginning of transaction period | s <u>2512</u> | .22 |
| Receipts from Schedule 1, column 4 | 3615 | |
| 3. Proceeds from Schedule 2, column 4 | | |
| 4. Total cash available (Add lines 1, 2 and 3) | \$ <u>6132</u> | <u> 22 </u> |
| 5. Disbursements from Schedule 3: | | |
| Column 4 \$ | | |
| Column 5 | | |
| Column 6 | OML | 170 |
| 6. Total disbursements | \$ 2017 | 150 |
| 7. Cash balance - end of transaction period (Subtract line 6 from lin | ne 4) <u>705</u> 1 | 51 |
| 8. Total outstanding obligations from Schedule 4 | \$ <u>~~</u> | |
| 9. In-kind contributions from Schedule 5, column 4 | \$ | |
| Under penalty of perjury, I declare that I have examined this report, and to the best of my knowledge and belief it is true, correct and commust sign report; if odmmittee, reasurer and chair must sign report.) Candidate | iplete. (If report of candidate, candidate | nd statements, and treasurer |
| Treasurer | | 5/21 |
| Chair of Committee or Slate | Date | |



Oty of Amapolis

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Elections@annapolis.gov • 410-263-7929 • Fax 410-280-1853 • TDD use MD Relay or 711 • www.annapolis.gov Mends of Kock Tolus Name of candidate, fund or committee _ Report period - transactions from Schedule 1 - Contributions and Receipts (Excluding Transfers, Loans and In-kind Contributions) Date Complete name and residence Description of receipt. See instructions for code. Amount address of Payer** received Ticket price Cash ash Code * Check # 10/8/21 poles, mb 21403 * T, enter price per ticket **EFT** 'Other" Description: Rcpt# AGGREGATE AMOUNT RECEIVED FROM PAYER TO DATE \$ Code * Ticket price GOD Women of OG AA COUNTY Women Check # 10/8/21 PO BOX 102 **EFT** T, enter price per ticket Rcpt# 'Other" Description: AGGREGATE AMOUNT RECEIVED FROM PAYER TO DATE \$ Code * Ticket price Cash MOShaw-Glover 200° 124 & archwood Ave. Check # Annapoles MD 21401 * T, enter price per ticket **EFT** Rcpt# 200 AGGREGATE AMOUNT RECEIVED FROM PAYER TO DATE \$ Michael Bornhad Code* Ticket price Cash 310 Addmast. ovline Check# Annepoles MD 21403 * T, enter price per ticket EFT Rcpt# 'Other" Description: AGGREGATE AMOUNT RECEIVED FROM PAYER TO DATE \$ Non Sea Quitter 133 Short Dr. EdgeWiters MD 210317 Code * Ticket price Cash Check # 302 left T, enter price per ticket 'Other" Description: Rcpt# AGGREGATE AMOUNT RECEIVED FROM PAYER TO DATE \$ Total this page

^{**}Note – In order to receive contributions from a Political Action Committee (PAC), the PAC must be registered as certified/qualified and active with the Maryland State Board of Elections. If a PAC directly or indirectly, expends \$51.00 or more to aid or oppose the nomination or election of a candidate, the PAC shall report a statement of contributions and expenditures to the candidate's treasurer and said statement shall be included in this report. This provision applies to any PAC located outside of the City with respect to any expenditures of funds within the City.

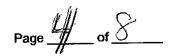


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| Name of candida | ate, fund or committee File | ndo | of RC | ch | 100w | 5 |
| Report period - t | transactions from 10/4/- | <u> Zaal</u> | | to _/ <i>()</i> | 124-101_ | |
| | | | butions and | | | |
| · | (Excluding Trans | | | | | |
| Date received | Complete name and residence address of Payer** | Descrip | tion of receipt. S | 1 | tions for code. | Amount |
| | Morganet Le More | Code * | Ticket price | Cash | i di And | - 00° |
| 10/12/21 | 3 Londings Ct. | 0 | | Check# | 4352 | 50° |
| 10/1-17 | Minitpolis 21403 | * T, enter | price per ticket | EFT | | |
| | "Other" Description: | | | Rcpt# | | |
| | AGGREGATE AMOUNT RECEIV | /ED FROI | M PAYER TO DA | ATE\$ | 50 | |
| | Rich Templeton | Code * | Ticket price | Cash | | |
| Islanda | 1203 West St. | \subset | | Check# | 1135 | 100 |
| 10/13/21 | 1203 West St, C Annapolis MD 2161 * T, enter price per ticket | | | EFT | | |
| | "Other" Description: | | | Rcpt# | | |
| | AGGREGATE AMOUNT RECEIV | /ED FROI | M PAYER TO DA | ATE\$ | 100 | |
| | Frederic Welson | Code * | Ticket price | Cash | | |
| 1913/21 | 1234 W. 75th 5th | \sim | | Check# | online | 1.000 |
| 19114 | New YOOK, NY 10023 | * T, enter | price per ticket | EFT | | - 3 |
| | "Other" Description: | | | Rcpt# | | |
| | AGGREGATE AMOUNT RECEIV | /ED FROI | M PAYER TO DA | ATE\$ | | |
| <u> </u> | <u></u> | | Ticket price | Cash | | |
| | Michael Tita 505 Cheraplake AM | C | | Check# | online | 200 |
| 10/12/21 | Annopolis, MD 21403 | * T, enter | price per ticket | EFT | | |
| | "Other" Description: | | | Rcpt# | | |
| | AGGREGATE AMOUNT RECEIVED FROM PAYER TO D | | | ATE\$ | | |
| 1 ; | Michael Pantalides | Code * | Ticket price | Cash | | |
| 10/15/21 | Annopolio MD 21403 | C | | Check# | online | 7599 |
| | Annopoles MD 21403 | * T, enter | price per ticket | EFT | | |
| | "Other" Description: | | · | Rcpt# | | 200,000 |
| | AGGREGATE AMOUNT RECEIV | /ED FROI | M PAYER TO DA | ATE\$ | 750 | UIA TAA |
| | | | | Total this | s page \$ | 17250 |

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|---|--|------------|--------------------|-----------|------------------------|------------------|
| | ate, fund or committee <u>Fnio</u> | | • | ls 1 | 00005 | |
| Name of candida | ate, fund or committee 1 1 1 2 1 2 7 | 16 | Pulai | to 10 | 1211/11 | |
| Report period - transactions from Schedule 1 - Contributions and Receipts | | | | | | |
| | (Excluding Trans | | | | | |
| Date received | Complete name and residence address of Payer** | | tion of receipt. S | Amount | | |
| | Larry Kanfandan | Code * | Ticket price | Cash | | |
| 10/18/21 | In start | | | Check# | online | 5000 |
| 10/21 | Annopolis MD 21403 | * T, enter | price per ticket | EFT | | |
| | "Other" Description: | | | Rcpt# | | |
| : | AGGREGATE AMOUNT RECEIV | VED FROM | I PAYER TO DA | ATE\$ | 5000 | |
| . 1 . 1 | Stack MacDonald | Code * | Ticket price | Cash | | |
| 10/18/21 | PO \$ 0% 396 | | | Check# | online | 5000 |
| | Ormald MD 21012 *T, enter price per ticket | | | EFT | | |
| | "Other" Description: | | | Rcpt# | | 15 |
| | AGGREGATE AMOUNT RECEIV | VED FRO | M PAYER TO DA | ATE\$ | 5000 | |
| | Dean Decamend 46 Decatur AVE. Annipolis MD 21403 | Code * | Ticket price | Cash | | |
| Inlin | | <u></u> | | Check# | ancine | 2500 |
| 10/19/21 | | * T, enter | price per ticket | EFT | | |
| | "Other" Description: | | | Rcpt# | | |
| | AGGREGATE AMOUNT RECEIVED FROM PAYER TO DA | | | | 250 | |
| led (-) | Churk Needleman | Code * | Ticket price | Cash | | (A = 15) |
| 10/19/21 | 424 2nd St. | C | <u> </u> | Check# | oneine | 25 ^D |
| | anniepolicy MD 21403 | * T, enter | price per ticket | EFT | | |
| | "Other" Description: | | | Rcpt# | | |
| | AGGREGATE AMOUNT RECE! | VED FRO | M PAYER TO D | ATE\$ | | |
| 10)19)21 | Clipsord Myers 6139muberry CT. | Code * | Ticket price | Cash | | 10000 |
| | G/34M When CT. | 0 | | Check # | Online | 1000 |
| | Annapolis MD 2/401 | * T, ente | r price per ticket | 1 | | |
| | "Other" Description: | | | Rcpt# | | |
| | AGGREGATE AMOUNT RECEI | VED FRO | M PAYER TO D | | | J <i>山</i> カムー |
| | | | | Total thi | s page \$ | |

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| | ate, fund or committee | nds | | 47 | O VILLO | |
| Report period - t | Report period - transactions from Schedule 1 - Contributions and Receipts | | | | | |
| | | | ns and In-kind Co | | | · |
| Date received | Complete name and residence address of Payer** | Descrip | tion of receipt. Se | Amount | | |
| | Nevin Young | Code * | Ticket price | Cash | | |
| 10/20/21 | 1703 Bay Mage We | | | Check# | Online | 200 |
| 10/20/21 | armepalis', MD 21403 | * T, enter | price per ticket | EFT_ | | |
| | "Other" Description: | | | Rcpt# | | |
| · | AGGREGATE AMOUNT RECEIV | /ED FRO | M PAYER TO DA | ATE\$ | 20_ | |
| | Teresa Superland | Code * | Ticket price | Cash | | 1000 |
| 1.1 | 634 RIVERSIDUDE | C_{\perp} | | Check# | Unline | 100 |
| 1022/21 | WMD0044, MD21403 * T, enter price per ticket | | | EFT | | |
| , | "Other" Description: | | | Rcpt# | | |
| | AGGREGATE AMOUNT RECEIVE | VED FRO | M PAYER TO DA | ATE\$ | | |
| | Judich Olifford | Code * | Ticket price | Cash | | |
| 1.1.) | 0512 State 91. Chunepolis, MD 21403 | C | · | Check# | Oralne | 1000 |
| 10/22/21 | | * T, ente | price per ticket | EFT | | |
| <u>{</u> | "Other" Description: | | | Rcpt# | 1000 | |
| | AGGREGATE AMOUNT RECE! | VED FRO | M PAYER TO DA | ATE\$ | 1000 | |
| | Ed Shumaker | Code * | Ticket price | Cash | ash | 20 |
| 102121 | 917 Creek Dr. | <u> </u> | | Check# | | - |
| 101 ., | ANIOAPOLISIMD 21403 | * T, ente | r price per ticket | EFT | | |
| | "Other" Description: | | | Rcpt# | | |
| AGGREGATE AMOUNT RECEIVED FROM PAYER TO DATE \$ 2,0 | | | | | 2,0 | |
| | allen Einthon | Code * | Ticket price | Cash | | |
| 10/21/21 | allen Eurth Pl. 3210g Enorses Pl. annopdus MD 21401 | C | <u> </u> | Check # | 596 | 250 |
| 101-1 | *T, enter price per tick | | r price per ticket | EFT | | |
| | "Other" Description: | | | Rcpt# | | |
| | AGGREGATE AMOUNT RECEI | VED FRO | M PAYER TO D | ATE\$ | <u></u> | 14000 |
| | Total this page \$ 7 / C | | | | | |

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| Report period - | transactions fromSchedule 1 | - Contri | butions and | | s | |
| | | | ns and In-kind C | | | |
| Date received | Complete name and residence address of Payer** | 1 | tions for code. | Amount | | |
| | Food Smollon | Code * | Ticket price | Cash | | |
| 10/19/21 | Fred Smollon 400 Chesapeake AVE-+106 Omnapolis, MD 21403 | | | Check# | 2575 | 250°0 |
| , | Omnepolis, MD 21403 | * T, enter | price per ticket | EFT | | |
| · | "Other" Description: | - | | Rcpt# | | |
| | AGGREGATE AMOUNT RECEIVE | VED FRO | M PAYER TO DA | ATE\$ | 250° | |
| | · | Code * | Ticket price | Cash | | |
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| | AGGREGATE AMOUNT RECE | IVED FRO | M PAYER TO D | ATE\$ | | 195750 |

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| ne@annanolis.nov • 410-283-7929 • Fax 410-280-185 | |

Schedule 3 - Disbursements Name of candidate, fund or committee Report period - transactions from

Transfers to other funds (candidate or committee name required) ဖ Name Payments Amount Loan transfers to other funds All payments other than 37/100 81 loan payments and Amount "Other" Description: Debit Cond 7 56 Code Pi "Other" Description: 7) 33 "Other" Description: Payment Method "Other" Description: "Other" Description: Check # Check # Check# Check# Check # Cash Cash Cash Erica Marketing Cash Cash 出 FF H EFT HOST HOSTE 90 Russellet #100 Anspois MD 21401 Payee and Address Druggers MD 2 10/14/21 Date

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| 1-1/16/10 | ends of Re | och Toly | 25 |
| Report period - transactions from | Obligations as of End | of Report Period | í |
| 1 | 2 | 3 | · 4 |
| Name and address | Description of debt (Loans, unpaid bills, etc.) | Date debt incurred | Amount |
| POCKFORD TOEWS 504 SHATE ST. ANNAPOLIS | LOAN | 8/01/21 | 50000 |
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